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The Problem of the Acquired Short Esophagus

Report of Eighteen Patients

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SUMMARY

A shortened esophagus is probably acquired, rather than congenital, in the great majority of cases. The process by which the shortening develops, as described by Allison and his co-workers, begins with esophageal hiatal hernia, followed by esophagitis caused by the irritation of acids from the stomach, then recurrent ulceration and healing which forms scar tissue which little by little shortens the esophagus.

Obesity and relaxation of the supporting musculotendinous structures which accompany advancing years probably are contributory factors in production of esophageal hiatal hernia. Fifteen of a series of 18 patients noted the onset of symptoms on or after the age of 45.

Roentgen examination of the esophagus and stomach is indispensable in establishing a diagnosis of acquired short esophagus. Esophagoscopy examination is even more important. In some cases endoscopic differentiation between acute inflammation and carcinoma is difficult. In such circumstances examination of a biopsy specimen taken from the gastric mucosa immediately distal to the area of inflammation or stricture may be helpful.

Results in eight patients with advanced esophageal shortening and stricture who were treated conservatively indicate that this should be tried before surgical treatment is considered. For patients with esophageal hiatal hernia accompanied by shortening of the esophagus that is just beginning to produce symptoms, early repair is indicated, since the condition is progressive and the surgical problem is much simpler in the early stages.

PEPTIC ulceration may occur at the cardioesophageal junction when there is derangement of the sphincter mechanism controlling this point of union between the esophagus and the stomach. Regurgitation of the secretions of the stomach into the lower end of the esophagus occurs most commonly as a result of esophageal hiatal hernia. In addition,

it is possible in the case of esophageal hiatal hernia that the diaphragm plays a role in the concentration of gastric juice in the supradiaphragmatic portion of the stomach by offering some obstruction to complete emptying of the fundal end of the stomach, particularly when an individual so afflicted is in the horizontal position.

Esophageal hiatal hernias have been classified into three types (Figure 1):

(a) The para-esophageal hiatal hernia. In this type, the esophagus is of normal length, but a portion of the stomach has herniated into the posterior

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EDITORIALS

Industrial Fees Again

For the past year nothing so much as confusion has surrounded the subject of fees to be charged and paid for the care of persons ill because of industrial accidents. The order of events in negotiation of a new fee schedule has been: (1) the Industrial Accident Commission of the State of California determined that it had no legal right to promulgate or enforce a schedule of fees and that the existing schedule should be discontinued as of June 30, 1949; (2) the California Medical Association's proposed fee schedule remained unrecognized by either the Commission or the insurance carriers; (3) the carriers and the California Medical Association appointed negotiating committees to meet in an effort to work out a mutually acceptable schedule; (4) negotiations bogged down; (5) the Association urged its members to file claims with the Accident Commission for adjudication of fees where fee statements were arbitrarily reduced by insurance carriers; (6) a number of such claims were filed and many of them still await hearing; (7) the Association's Executive Committee resumed negotiations with the carriers.

The Executive Committee has already started its meetings with the insurance carriers and has additional sessions planned. The Committee realizes that the establishment of industrial medical and surgical fees is a complex matter that cannot be adequately settled overnight; it further realizes that there are economic considerations on both sides of the picture that must be taken into full account in any settlement to be reached. Further, it realizes that the

positions of the Industrial Accident Commission, the employer and the injured workman are all to be considered in planning any course of action looking toward an acceptable solution of the fee schedule matter.

In the light of these considerations, and without in any way retracting the earlier recommendations of the Council, the Executive Committee recently sent to the secretaries of the county medical societies a brief resume of the proceedings with representatives of the insurance carriers. This communication included the statement that there was no compulsion on any member to file claims in cases in which the fee had been reduced; rather, it pointed out that each member should be considered a free agent in the conduct of his own business with insurance companies. This suggestion was made by way of explanation of the earlier recommendations of the Council, which were at all times *recommendations only*.

Inherent in the present negotiations between C.M.A. and the insurance companies is the realization on both sides that an amicable relationship between the insurance fraternity and the medical profession is absolutely essential to the smooth functioning of the industrial accident laws. Each party recognizes the interdependence of the two bodies and the wisdom of making that relationship operate efficiently. Each recognizes the justice of some of the claims of the other. And, we believe, each realizes that an amicable solution of this long-standing problem is probably closer today than it has been at

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NOTICES AND REPORTS

Executive Committee Minutes

Tentative Draft: Minutes of the 216th Meeting of the Executive Committee, San Francisco, November 10, 1949.

The meeting was called to order by Chairman MacLean in Room 214, Sir Francis Drake Hotel, San Francisco, at 2 p.m., Thursday, November 10, 1949.

Roll Call:

Present were President Kneeshaw, President-elect Cass, Speaker Alesen, Council Chairman Shipman and Auditing Committee Chairman MacLean, members of the Executive Committee, and Secretary Garland and Editor Wilbur, ex-officio members. Present by invitation were Executive Secretary Hunton, Assistant Executive Secretary Wheeler, Legal Counsel Hassard and Mr. Ben Read, executive secretary of the Public Health League of California. A quorum present and acting.

1. Pomona College Public Affairs Program:

A request for financial participation in a program scheduled by Pomona College on the subject of successful operation of democratic principles was considered and it was voted to have the field secretary look into the program and report to the next Council meeting.

2. Legal Department:

Mr. Hassard reported on the operation of a privately-owned medical care prepayment organization in Los Angeles which is using a name which might be confused in the public mind with the name of the Association. It was regularly moved, seconded and voted to ask the field secretary to review this organization and report back to the Council.

3. Committee on Indigent Care and Hospital Construction:

Dr. Garland presented drafts of two reports prepared by the special committee (Garland, chairman; Kneeshaw and Hassard, members) on (1) the medical and hospital care of indigents through private facilities and (2) the use of state or federal funds for hospital construction. It was moved, seconded and voted to distribute these drafts to the members of the Council for their study prior to the next Council meeting.

4. Federal Funds for Health Center Construction:

The Secretary reported on possible ambiguities appearing in an agreement reached between the C.M.A. Chronic Disease Committee and representatives of the State Department of Public Health on the use of federal funds for construction of local health centers. It was brought out that the Association now has several committees studying various aspects of the practice and administration of public health services and it was regularly moved, seconded and voted that these existing committees be consolidated into one over-all committee on public health matters, such committee to be named by the Council Chairman prior to the next Council meeting and to have the authority, when constituted, to appoint subcommittees of its own membership to study specific matters. The Executive Secretary was instructed to notify appropriate officials of the State Department of Health that the Association will meet with local health officers to determine the scope of adequate and proper functions to be undertaken in local health centers.

The Secretary requested that the Executive Committee ask the Committee on Chronic Diseases to review its letter of October 18, 1949, dealing with the use of federal funds for heart disease and cancer work, particularly in the light of other Association recommendations on using federal funds.

5. Department of Vocational Rehabilitation:

The Secretary brought to the attention of the committee a statement by the medical consultant to the Department of Vocational Rehabilitation, Department of Education, to the effect that free diagnostic procedures were being performed on potential applicants for state aid prior to the social servicing of such individuals. The Executive Secretary was instructed to notify the department that the Executive Committee had reviewed this procedure and was of the belief that all potential applicants for vocational rehabilitation aid should be adequately social serviced *prior* to the undertaking of any diagnostic procedures, in order that eligibility for services be established at the outset.

CALIFORNIA MEDICINE

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KEY TO ABBREVIATIONS USED IN INDEX

(Or.)—Original Article.	(CMA)—California Medical Association.
(Ed.)—Editorial.	(CR)—Case Report.
(MP)—Medical Progress.	(I)—Information.
(CPC)—Clinical-Pathological Conference.	(LE)—Letters to the Editor.
(CS)—Clinical Symposium.	(MJ)—Medical Jurisprudence.

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